2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State
02-10-2003 90161 040 ****61.25

DOCUMENT # 724887

55051439

1. Entity Name
PLAYGROUND CHAPTER NO 72 DISABLED AMERICAN VETERANS INC

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
716 EDGE STREET P.O. BOX 2275 FT. WALTON BEACH FL 32549-2275	716 EDGE STREET P.O. BOX 2275 FT. WALTON BEACH FL 32549-2275

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6153400 ☐ Applied ☐ Not Appl

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIGARE, LEN M 1863 WHISPERING OAKS LANE FORT WALTON BEACH FL 32547	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.

SIGNATURE Len M Vigare 1-27-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD REXFORD, JERRY D 92 BRADFORD ST. UNIT 2 FT WALTON BEACH FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ CO Gordon K. Ward 426 Fleetwood Dr. Mary Esther FL 32569-3441
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VIGARE, LEN M 1863 WHISPERING OAKS LANE FORT WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ MS Larry Sidel 219 Caramel Dr. #33 Fort Walton Beach FL 32547-42
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GREGORY, RICHARD H 248 COUNTRY CLUB RD SHALIMAR FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ CS William Lightburn 2711 West Highway 98 Mary Esther FL 32569-2332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REXFORD, JERRY D P O BOX 2211 FT WALTON BEACH FL 32549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ MS William Zell 9 W. Casaloma Dr. Mary Esther Fl 32569
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CRAWFORD, ROBERT R 320 VININGS WAY BLVD #10-103 DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURRIE, EDGAR N 314 WOODROW ST. NE APT 3 FORT WALTON BEACH FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the info indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Gregory Richard Gregory 1/27/03 850 862-924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #